PAID

Date: Amount: Check # or Cash:

Employee Initials:

ELEMENTARY SCHOOL VOLLEYBALL LEAGUE FALL 2010 REGISTRATION FORM

Directions: • Please pr	rint clearly.				
Name	NameBirthdate				
Address					
City	State	Zip	Email Addres	SS	
Home Phone			Work Phone		
Email Addres	SS				
Current School Attending			Grade	Heigh	nt
List volleybal	l experience				
Please circle	e one: I live in the follo	owing area:			
F	ayetteville Unir	corporated	Fayette County	Town of Broo	oks PTC
Т	own of Tyrone	Woolsey		Another Cou Add 50% Su	
Shirt Size:	Youth Medium	Youtl	n Large	Adult Small	Adult Medium
	Adult Large	Adult Large Adult		Large	
	are an integral part one of the following?	f the Elem	entary School Vo	olleyball Leagu	e. Would you be
Coach	Asst. Co.	ach	Scorekeeper	Lir	ne Judge
to waive and of Commission injury or dam participation a event of an ename agency I hereby consof me/my child newsletter, but publications properties and the conson of t	ned participant or guarelease any and all rigoners and all employed ages to myself/child. I and also verify that admergency and I cannot to seek immediate many form whatsof rochures, flyers, on the produced for the Fayer, use of my name/ch	ghts and classes and mer By signing to dequate me of the reacher production of the county as the Cou	aims for damages inbers of the same this release, I/the dical insurance is ed, I give permission for myself/more any and all phoes in the Fayette Cond department we Parks and Recrea	against the Fay e, for any claim a guardian conser in effect during sion for authoritie by child. stographs and/or ounty Parks & R eb sites, and in a ation Departmen	rette County Board arising out of any nt to such this period. In the es of the above r video clips taken ecreation any other at. Consent is also

read this document and am fully aware of the content and implications, legal and otherwise.

Signature

Date

Please print your name clearly